

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
WILLIAM A. HINTON STATE LABORATORY INSTITUTE
VIRUS ISOLATION LABORATORY
305 SOUTH STREET, JAMAICA PLAIN, MA 02130

INSTRUCTIONS FOR SPECIMEN COLLECTION FOR RESPIRATORY VIRUS TESTING
INFLUENZA SENTINEL SURVEILLANCE SITES
(influenza- all types, PIV 1-4, adenovirus, RSV, hMPV, CoV, Rhino-Enterov)

Specimen Types:

Specimens should only be collected on patients who meet the following criteria: Acute onset of influenza-like illness within the previous 72 hours with symptoms of fever >100°F (37.8°C), and a cough or sore throat. Fever does not have to be present at the time of specimen collection.

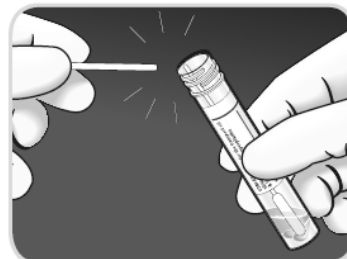
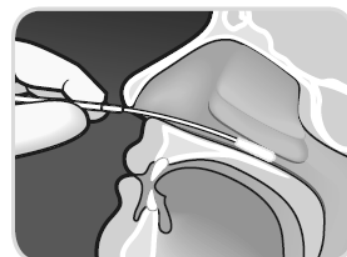
1. A single **nasopharyngeal (NP)** swab is the accepted specimen for: influenza (all types), parainfluenza virus (1-4), respiratory syncytial virus, adenovirus, coronavirus (HKU1, OC43, NL63, 229E), human metapneumovirus, rhinovirus/enterovirus, *Bordetella pertussis*, *Chlamydia pneumoniae*, *Mycoplasma pneumoniae*.
2. A **throat (TS)** swab is acceptable only for influenza testing.
3. For atypical or suspect antiviral resistant influenza, contact the MDPH Immunization Program at (617) 983-6800 prior to specimen submission for special instructions.

Storage of Virus Isolation (VI) Kit:

Prior to use, **refrigerate the VTM/UTM at 4°C** and **separately freeze** the outer mailing fiberboard cylinder containing the ice pack and aluminum container. **To order Respiratory Virus Specimen Kits, call (617) 983-6800.**

Specimen Collection Instructions for Nasopharyngeal (NP) Swabs:

1. Assemble all supplies including the virus isolation kit, gloves, patient label, etc.
2. Tilt the patient's head back slightly and gently insert the sterile NP swab into the nasal passage until a slight resistance is met.
3. Rotate the swab 2-3 times and hold in place for 5 sec to ensure maximum absorbency.
4. Insert the NP swab into the cold VTM/UTM, snapping the excess shaft at the break point to fit inside the tube. Firmly secure the cap.
5. Label the specimen with the patient's name, DOB, specimen type and date of collection-ensure this information matches the information on the submission form. **UNLABELED SPECIMENS WILL BE REJECTED**
6. Place the VTM/UTM tube in the inner aluminum container (provided) and cap. Seal the specimen submission form in a plastic bag and place along with the inner aluminum container(s) in the outer fiberboard cylinder or box (provided) containing the frozen ice pack.
7. Refrigerate until transported for testing. If specimen is collected on Thur/Fri for transport on Monday, store at -20°C and **note on the submission form.**



Specimen Collection Instructions for Throat Swabs (TS):

1. With the throat swab, swab the posterior pharynx and tonsillar areas, avoiding the tongue (tongue depressor may be helpful). The mucosa behind the uvula and between the tonsils should also be gently swabbed with a back-and-forth motion. Proceed with step 4 above.

Test Requisition Form: Complete **all applicable information** on the Respiratory Surveillance Specimen Submission Form, SS-VI-1-14, in sections 1-10. **Use one form for each specimen.** For atypical or suspect antiviral resistant influenza, contact the MDPH Immunization Program at (617) 983-6800 prior to specimen submission.

Shipping Instructions: Ship specimens without delay on frozen ice packs. **NOTE: Specimens collected >72 hrs after symptom onset are unsuitable for testing unless properly stored and noted on the form. If samples will be shipped to HSLI ≥3 days from collection or on a Friday but are collected within 72 hrs, they should be frozen at <-20°C and shipped with ice packs on Monday.** Specimens should be sent to HSLI via the testing facility's courier or UPS CampusShip (ILINet sites). If neither option is feasible, contact an Immunization epidemiologist at (617) 983-6800 for specimen courier pickup.

Ship to: **Attention:** Virus Isolation Laboratory
William A. Hinton State Laboratory Institute
305 South Street
Jamaica Plain, MA 02130

Special Notes: Test reports will be sent by ELR or fax plus mail to the submitting facility once testing is completed.

Questions: Contact Massachusetts Immunization Program at (617) 983-6800.